

## YouthCARE Data Input Form

Youth: \_\_\_\_\_ Firms # \_\_\_\_\_ DOB: \_\_\_\_\_

DOA: \_\_\_\_\_ Stage Review Meeting Date: \_\_\_\_\_

Stage Assignments per Score Attained at Stage Review Meeting/Staffing on Advancement Worksheet:

**Emerging:** **New Admission** ☐  
**Scored 9 or below** ☐

Emerging to Adaptation Stage:	Scored 10	<input type="checkbox"/>
	11	<input type="checkbox"/>
	12	<input type="checkbox"/>
	13	<input type="checkbox"/>
	14	<input type="checkbox"/>

Adaptation to Transformation Stage:	Scored 10	<input type="checkbox"/>
	11	<input type="checkbox"/>
	12	<input type="checkbox"/>

Transformation to Citizen Stage: ☒ Scored 10 ☐  
 11 ☐  
 12 ☐  
 13 ☐  
 14 ☐  
 15 ☐

**Remain on Current Stage:**                  Scored 9 or below    ☐

<b>Recommended Stage:</b>	<b>Emerging (EM)</b>	<input type="checkbox"/>
	<b>Adaptation (AD)</b>	<input type="checkbox"/>
	<b>Transformation (TR)</b>	<input type="checkbox"/>
	<b>Citizen (CI)</b>	<input type="checkbox"/>

Behavior Improvement Plan(s): Yes ☐ No ☐

Number \_\_\_\_\_

Stage Reduction Recommended: Yes ☐ No ☐

Reason(s) for Reduction:

**Codes:**

- ☐ 01 Consistent and repeated failure to abide by responsibilities of assigned stage.
- ☐ 02 Consistent and repeated failure to follow Behavior Improvement Plans.
- ☐ 03 Transferred to another facility resulted in reduction due to adjustment period.

Case manager: \_\_\_\_\_ Date: \_\_\_\_\_

Corrections Program Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Corrections Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Reduction: ☐ Disapproved Reduction: ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Warden's Review: Approved Reduction: ☐ Disapproved Reduction: ☐

Warden's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved Reduction Referred to Youth Programs and Performance Evaluation: Yes ☐ No ☐

Youth Programs and Performance Evaluation Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_